

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text" value="13472"/>	2 Fiscal Year Covered From <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="04"/> Through <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="04"/>
3 Name and address of person filing Name <input type="text" value="James R Schwantz"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text" value="3777 Stevens Creek Blvd #300"/> City <input type="text" value="Santa Clara"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="95051"/>	4 Name file number and address of labor organization Name <input type="text" value="District Lodge 190 of No CA IAWAW"/> Labor Organization File Number <input type="text" value="071-127"/> P O Box Building and Room Number if any <input type="text"/> Street <input type="text" value="7717 Oakport St, Ste 1"/> City <input type="text" value="Oakland"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94621"/>
5 Position in labor organization <input type="text" value="Business Representative"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text" value="N/A"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text" value="NIA"/> 7 b Amount <input type="text" value="0"/>

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed  On    
Date Telephone Number

